

NEWMAN COLLEGE

BOOKING FORM

CONTACT DETAILS

Name

Organisation Name (if app)

Phone Number (business)

Phone Number (Mobile)

Email Address

Account to:

Address to: (for account purposes)

PROPOSED DATE AND REQUIREMENTS

1st Date Option

2nd Date Option

Function Start Time

Function Finish Time

Service e.g. Morning Tea, Lunch (Hot/Cold), Finger Food

Approximate Numbers

Special Requests e.g Technology, Layout Requirements, Projector, Microphone

***Please provide dietary requirements and final numbers one week prior to the proposed date via email.

COST

A detailed final costing will be provided to you once we receive this booking form



PLEASE RETURN BOOKING FORM

By email to Newman Senior Technical College
60 Boundary Street, Port Macquarie NSW 2444

P (02) 6580 3800

E newman@lism.catholic.edu.au

www.newman.nsw.edu.au

